



Kentucky Transitions Information Request

Please answer the following questions about yourself or someone you know:

Have you thought about living in the community?

- ☐ Yes ☐ No ☐ Never thought I had the option

How did you hear about Kentucky Transitions?

- ☐ Family member or Guardian
☐ Facility Staff
☐ Flyer/ Brochure/Radio/Newspaper/Other

Where do you live?

- ☐ Nursing Home ☐ Intermediate Care Facility

Do you want more information about Kentucky Transitions?

- ☐ Yes send me an information packet
☐ Yes please call me

Name _____

Address _____

Phone _____

PLEASE
PLACE
STAMP
HERE

Kentucky Transitions Program
Cabinet for Health and Family Services
275 East Main Street, 3W-F
Frankfort, Kentucky 40621

KENTUCKY TRANSITIONS

**Making your
choices our first
priority.**

****Be sure to fill out the questionnaire on the inside of this card and re-
turn as soon as possible****